

Program Monitoring and Evaluation

Practical Manual

**for Organizations Coordinating and Implementing
Prevention Projects among IDUs, CSWs, MSM,
Prisoners**

and Care and Support Projects for PLHA



**International HIV/AIDS
Alliance, Ukraine**

UNAIDS

Who is this Manual for?

government organizations / NGOs that

coordinate / implement

prevention projects among most-at-risk
populations /

care and support projects for PLHA

and need an effectively functioning M&E system

Main sources used:

- ***Monitoring and Evaluation Toolkit for HIV/AIDS, Tuberculosis and Malaria***, January 2006, based on a collaboration between WHO, UNAIDS, The Global Fund to Fight AIDS, Tuberculosis & Malaria, USAID, US Department of State, OGAC, CDC, UNICEF, MEASURE Evaluation and the World Bank
- ***M&E of HIV Prevention Programmes for Most-At-Risk Populations Guide*** developed by UNAIDS (a working document for feed-back, the final version of the document is expected to be available in December 2006)
- ***Practical experience*** obtained in the course of implementing the 'Overcoming the HIV/AIDS Epidemics in Ukraine' national program supported by the Global Fund to Fight HIV/AIDS, tuberculosis and malaria

Major Topics Discussed in the Manual

- How programmatic M&E links to the national system of M&E (specifically to epidemiological surveillance and behavioral studies)
- Seven steps to establish and maintain an effective programmatic M&E system
- Coverage indicators: setting targets and measuring coverage
- MIS used for registering clients and services
- M&E cycle; evidence-based decision making
- Suggested list of selected indicators (standardized)

Seven steps to establish and maintain an effective programmatic M&E system (ch.3)

- **Step One: Define goals, objectives, service delivery areas and activities**
- **Step Two: Select indicators, set targets**
- **Step Three: Select implementing partners, conduct capacity assessment**
- **Step Four: Monitor service quality and quantity, keep program records while implementing activities**
- **Step Five: Develop reporting formats, collect and analyze data**
- **Step Six: Ensure data quality**
- **Step Seven: Translate M&E results into managerial decisions**

Step Two: Select indicators, set targets.

Concerns related to coverage indicators:

- Definition: number of people who receive a service (numerator) expressed as a percentage of those who need the service (denominator)
- Measuring the numerator:
 - it is essential that unique individuals can be identified (may be difficult when confidentiality considerations preclude the collection and storage of personal data - identifying codes needed; issue of doublecounting)
 - there is a need to define what services a person needs to receive in order to be considered being covered (package of services)
 - There are different ways of counting the numerator (next slide)

Different ways of counting the number of people reached:

- ***Cumulative number of clients*** – People who received a service at least once during the entire period of time, since the counting began (e.g. since the beginning of the project); difference between aggregating people reached by ongoing and one-off services
- ***Current clients*** – People who receive services at least once during a specified period (MIS needed if program records used)
- ***Regular client*** - People who receive services at a specified frequency (MIS needed)

Step Two: Select indicators, set targets (cont.)

- Measuring the denominator:
 - separate effort should be made to estimate the population sizes for major vulnerable groups that are, according to the sentinel surveillance data, the major driving force of the epidemic.
- **Example of coverage calculation:** In the city A, the total estimated number of IDUs is 580. Number of IDUs, which use prevention services is 120. Coverage of IDUs in the city A is therefore: $120:580 \times 100\% = 21\%$

Step Three: Select implementing partners, conduct capacity assessment

#	Criteria assessed	Control documents	Weight (1-5)	Score (1-6)	Total (weight* score)
1	Dedicated officer and/or programme staff with adequate experience responsible for project monitoring and evaluation	Job descriptions, resume of M&E specialists, project proposals	5		
2	Experience in regular reporting on project results and accomplishments	Last quarterly reports	3		
3	Past experience in monitoring and evaluation:	M&E plan, donor requirements to reporting	3		
4	Monitoring tools used	Forms, materials, databases used	3		
	Total				

Evaluation of the total score

- 70 – 84 Exceeds expectations
- 56 – 69 Fully satisfies requirements
- 42 – 55 Minimal risks
- 28 – 41 Manageable risks
- 14 – 27 High risks, potential exists
- 0 – 13 High risk, no potential

Step Four: Monitor service quality and quantity, keep program records while implementing activities

Suggested project registration documentation:

- (i) registration log-book that contains the list of all clients of the project and their basic details, new individuals are added to the log-book once they become project clients
- (ii) daily record-keeping journals that contain the list of all clients who obtained project services during a specific day (sample will be added)
- (iii) it is also suggested that project clients receive a “membership card”, which states that the person is a client of a particular project, and contains his/her personal code on it

Coding system needs to be based on the following principles:

- One person should be assigned a single code regardless of the points of service provision at which he/she receives the services;
- The code has to comply with the principles of anonymity; however, it should be based on the client's personal information in order to be easily restored in case if the client loses his / her card. For example: code IPS120178 is based on the following information: Ivanov Petr Sergeevich, born on January 12, 1978.

“SyrEx” – database for registration of clients of focused prevention projects

- user-friendly instrument for tracking numbers of clients reached by focused prevention services as well as the regularity and list of services and materials provided to them
- was developed primarily for prevention projects working with IDUs and CSWs. However, it can also be effectively used by projects working with MSM and those, which provide prevention services in penitentiary institutions

Key requirements for effective “SyrEx” utilization:

- well-functioning clients coding system
- accurate and timely completion of daily registration forms by social workers directly at service provision points
- one dedicated staff member whose main function is operating SyrEx

Compilation of reports using SyrEx.

Pre-determined reports are meant to:

- Extract the cumulative number of clients reached starting certain time point (i.e. project start) with basic information on each client (number of visits, age, target group, etc.)
- Extract the list (number) of people reached during the previous 12 months
- Extract the list (number) of people reached during any user-defined time period (day / week / month / quarter /...)
- Extract the list (number) of regular clients of the program
- Extract general information on the number of materials and provided consultations during the user-defined time period
- Analyze data on visits regularity during a certain time-period
- Extract all above mentioned data either for the whole organization or for user-defined list of service provision points (one or several)
- Extract information on the number of trainings conducted and people trained, split by training modules and target groups.

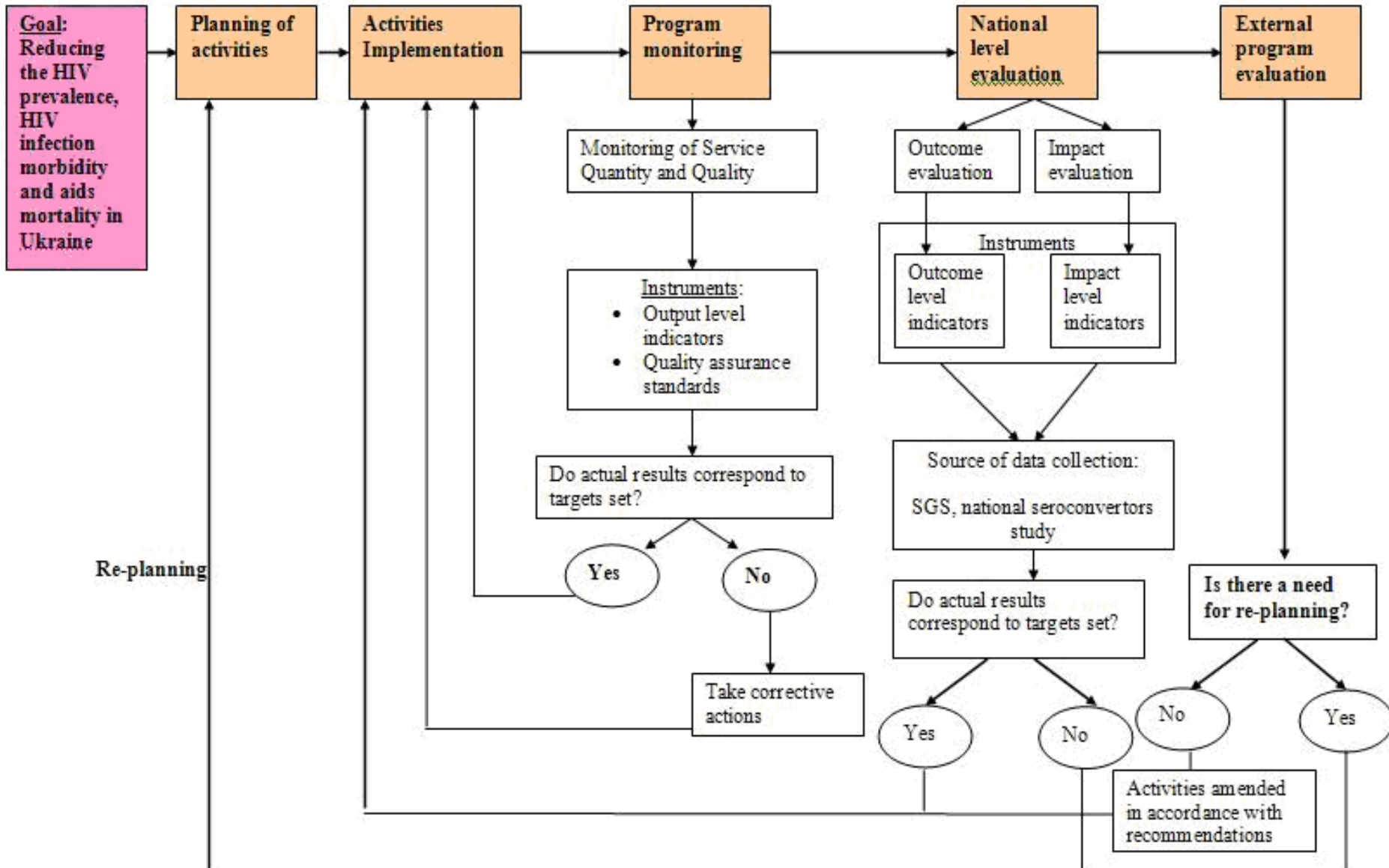
Step Five: Ensuring the reporting process and Step Six: Ensure quality of data

- Other practical tools available:
 - Sample reporting form
 - Sample monitoring visit form

Monitoring visits serve the following list of purposes:

- provide a summary of the organization's performance,
- verify the organizations' achievements declared in the reports on the basis of reviewing project's primary documentation, as well as by means of direct observation, and
- track follow-up on remedial actions taken in accordance with recommendations provided to the organization during the previous visit.

How programmatic M&E links to the national system of M&E: the M&E cycle



Conclusion:

“M&E needs to be simple. People usually artificially overcomplicate it. Everything that is needed to develop a good M&E system is common sense and good management”.

If you would like us to send you this Manual once it is finalized and published, please send your request to:
varetska@aimsalliance.org.ua